



ADMINISTRATION

OFFICE OF THE DEPUTY CHIEF MANAGEMENT OFFICER
9010 DEFENSE PENTAGON
WASHINGTON, DC 20301-9010

NOV 19 2014

MEMORANDUM FOR COMMITTEE MANAGEMENT SECRETARIAT
GENERAL SERVICES ADMINISTRATION

SUBJECT: Committee Charter and Membership Balance Plan Consultation – *Defense Health Board*

The Department of Defense, pursuant to the Federal Advisory Committee Act of 1972, as amended, intends to renew the charter for the *Defense Health Board* (attached). The Board will operate under the provisions of the Federal Advisory Committee Act of 1972, as amended and in accordance with 41 CFR § 102-3.50.

Prior to filing the Board's charter with the Library of Congress and the appropriate congressional committees the Department of Defense respectively requests that the Committee Management Secretariat review and approve the proposed charter and membership balance plan (attached). Both documents has been reviewed and approved by the Office of the General Counsel for the Department of Defense.

If you should have any questions about this charter please contact, Len O'Reilly, at 703-692-5949.

James D. Freeman II
Advisory Committee Management
Officer for the Department of Defense

Attachments
Proposed Charter
Proposed Membership Balance Plan

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1. Committee's Official Designation: The committee will be known as the Defense Health Board ("the Board").
2. Authority: The Secretary of Defense, in accordance with the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended) and 41 C.F.R. § 102-3.50(d), established the Board.
3. Objectives and Scope of Activities: The Board provides independent advice and recommendations to maximize the health, safety, and effectiveness of Department of Defense (DoD) health care beneficiaries, as set out in paragraph four below.
4. Description of Duties: The Board provides the Secretary of Defense and/or the Deputy Secretary of Defense, through the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and the Assistant Secretary of Defense for Health Affairs, independent advice and recommendations on matters pertaining to:
 - a. DoD healthcare policy and program management;
 - b. Health research programs;
 - c. Requirements for how the DoD treats and prevents disease and injury;
 - d. Promotion of health and wellness within DoD, and the delivery of efficient, effective high-quality health care services to DoD beneficiaries; and
 - e. Other health-related matters of special interest to DoD, as determined by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R).

The Board is not established to provide advice on individual DoD procurements. No matter will be assigned to the Board for its consideration that would require any Board member to participate personally and substantially in the conduct of any specific procurement or place him or her in the position of acting as a contracting or procurement official.

5. Agency or Official to Whom the Committee Reports: The Board reports to the Secretary of Defense and/or the Deputy Secretary of Defense, through the USD(P&R). The USD(P&R), pursuant to DoD policy, may act upon the Board's advice and recommendations.
6. Support: The DoD, through the Office of the USD(P&R), provides support, as deemed necessary, for the Board's performance and functions, and ensures compliance with the requirements of the FACA, the Government in the Sunshine Act of 1976 (5 U.S.C. § 552b, as amended) ("the Sunshine Act"), governing Federal statutes and regulations, and established DoD policies and procedures.
7. Estimated Annual Operating Costs and Staff Years: The estimated annual operating cost, to include travel, meetings, and contract support, is approximately \$1,400,000. The estimated annual personnel cost to the DoD is 3.2 full-time equivalents.
8. Designated Federal Officer: The Board's Designated Federal Officer (DFO) must be a full-time or permanent part-time DoD officer or employee, appointed in accordance with established DoD policies and procedures.

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The Board's DFO is required to attend at all meetings of the Board and its subcommittee for the entire duration of each and every meeting. However, in the absence of the Board's DFO, a properly approved Alternate DFO, duly appointed to the Board according to established DoD policies and procedures, must attend the entire duration of all meetings of the Board and its subcommittees.

The DFO, or the Alternate DFO, calls all meetings of the Board and its subcommittees; prepares and approves all meeting agendas; and adjourns any meeting when the DFO, or the Alternate DFO, determines adjournment to be in the public interest or required by governing regulations or DoD policies and procedures.

9. Estimated Number and Frequency of Meetings: The Board meets at the call of the Board's DFO, in consultation with the Board's President. The estimated number of Board meetings is four per year.
10. Duration: The need for this advisory function is on a continuing basis; however, this charter is subject to renewal every two years.
11. Termination: The Board terminates upon completion of its mission or two years from the date this charter is filed, whichever is sooner, unless renewed by DoD.
12. Membership and Designation: The Board will be comprised of no more than 19 members who are appointed to serve a term of service of one-to-four years, with annual renewals, by the Secretary of Defense or the Deputy Secretary of Defense. The members are eminent authorities in one or more of the following disciplines: clinical health care, disease and injury prevention, health care delivery and administration, or strategic decision making in government, industry, or academia. The USD(P&R) selects and appoints the Board's President from the total membership.

Each member, based upon his or her individual professional experience, provides his or her best judgment on the matters before the Board, and he or she does so without representing any particular point of view and in a manner that is free from conflict of interest. Board members who are not full-time or permanent part-time Federal officers or employees, will be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as special government employee (SGE) members. Board members who are full-time or permanent part-time Federal officers or employees, will serve as regular government employee (RGE) members pursuant to 41 C.F.R. § 102-3.130(a). No member may serve more than two consecutive terms of service without Secretary of Defense or Deputy Secretary of Defense approval.

Board members are not compensated for service on the Board, but each member is reimbursed for travel and per diem as it pertains to official business of the Board.

Pursuant to DoD policies and procedures, the USD(P&R) may appoint experts or consultants with special expertise to assist, on an ad hoc intermittent basis, the Board or its

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subcommittees on specific issues. These experts or consultants have no voting rights whatsoever and will not engage or participate in any deliberations by the Board or its subcommittees. These experts or consultants, if not full-time or permanent part-time Government employees, will be appointed pursuant to 5 U.S.C. § 3109, serve as a SGE.

13. Subcommittees: The DoD, when necessary and consistent with the Board's mission and DoD policies and procedures, may establish subcommittees, task forces, or working groups to support the Board. Establishment of subcommittees will be based upon a written determination, to include terms of reference, by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R), as the Board's Sponsor.

Such subcommittees will not work independently of the Board and will report all of their recommendations and advice solely to the Board for full and open deliberation and discussion. Subcommittees, task forces, or working groups have no authority to make decisions and recommendations, verbally or in writing, on behalf of the Board. No subcommittee or any of its members can update or report, verbally or in writing, on behalf of the Board, directly to the DoD or any Federal officers or employees.

Each member, based upon his or her individual professional experience, provides his or her best judgment on the matters before the Board, and he or she does so without representing any particular point of view and in a manner that is free from conflict of interest. All subcommittee members will be appointed by the Secretary of Defense or the Deputy Secretary of Defense to a term of service of one-to-four years, with annual renewals, even if the individual in question is already a member of the Board. Subcommittee member will not serve more than two consecutive terms of service, unless authorized by the Secretary of Defense or the Deputy Secretary of Defense. Subcommittee members who are not full-time or permanent part-time Federal officers or employees will be appointed as an expert or consultant pursuant to 5 U.S.C. § 3109, to serve as a SGE member. Subcommittee members who are full-time or permanent part-time Federal officers or employees will be appointed pursuant to 41 C.F.R. § 102-3.130(a), to serve as a RGE member. With the exception of reimbursement of official travel and per diem related to the Board or its subcommittees, subcommittee members will serve without compensation.

All subcommittees operate under the provisions of FACA, the Sunshine Act, governing Federal statutes and regulations, and established DoD policies and procedures.

Currently, DoD has approved the following permanent subcommittees to the Board:

- a. Public Health Subcommittee: This subcommittee will be comprised of not more than 10 members, who are eminent authorities in at least one of the following disciplines; infectious disease, occupational health/medicine, preventive medicine, public health, and toxicology.

The subcommittee, when tasked according to DoD policy and procedures, provides advice on matters pertaining to improving the overall health of members of the Armed Forces and their families through the evaluation of DoD public health programs and

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initiatives, including, education, health promotion, and prevention activities, as well as disease and injury prevention research.

- b. Health Care Delivery Subcommittee: This subcommittee will be comprised of not more than nine members, who are eminent authorities in at least one of the following disciplines: health care academia; health care finance/economics; health care policy/executive leadership; and patient care.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to health care delivery, to include DoD health care policy and program management, and research.

- c. Neurological/Behavioral Health Subcommittee: This subcommittee will be comprised of not more than 10 members, who are eminent authorities in at least one of the following disciplines; neurology, post-traumatic stress disorder, psychiatry; psychology, and traumatic brain injury.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to psychological/mental health issues and neurological symptoms or conditions among members of the Armed Forces and their families.

- d. Medical Ethics Subcommittee: This subcommittee will be comprised of not more than five members, who are eminent authorities in at least one of the following disciplines: clergy, DoD leadership, human research protection, attorneys with expertise in medical ethics, and military health system beneficiaries. One member must have formal bioethics or medical ethics training or expertise.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to medical ethics.

- e. Trauma and Injury Subcommittee: This subcommittee will be comprised of not more than 10 members, who are eminent authorities in at least one of the following disciplines: civilian or military trauma medicine systems.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to trauma and injury, to include methods for prevention, recognition, clinical management, and treatment.

14. Recordkeeping: The records of the Board and its subcommittees shall be handled according to Section 2, General Records Schedule 26 and governing DoD policies and procedures. These records will be available for public inspection and copying, subject to the Freedom of Information Act of 1966 (5 U.S.C. § 552, as amended).

15. Filing Date:

Membership Balance Plan
Defense Health Board

Agency: Department of Defense (DoD)

1. Authority: The Secretary of Defense, in accordance with the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended) and 41 C.F.R. § 102-3.50(d), established the Defense Health Board ("the Board").
2. Mission/Function: The Board, through the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and the Assistant Secretary of Defense for Health Affairs (ASD(HA)), provides the Secretary of Defense and/or the Deputy Secretary of Defense independent advice and recommendations to maximize the health, safety, and effectiveness of DoD health care beneficiaries, including matters pertaining to:
 - a. DoD healthcare policy and program management;
 - b. Health research programs;
 - c. Requirements for how the DoD treats and prevents disease and injury;
 - d. Promotion of health and wellness within DoD, and the delivery of efficient, effective high-quality healthcare services to DoD beneficiaries; and
 - e. Other health-related matters of special interest to DoD, as determined by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R).
3. Points of View: The Board will be comprised of not more than 19 members who are eminent authorities in one or more of the following disciplines: clinical health care, disease and injury prevention, health care delivery and administration, or strategic decision making in government, industry or academia.

Each member, based upon his or her individual professional experience, provides his or her best judgment on the matters before the Board, and he or she does so without representing any particular point of view and in a manner that is free from conflict of interest. Board members, who are not full-time or permanent part-time Federal officers or employees, shall be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as special government employee (SGE) members. Board members, who are full-time or permanent part-time Federal officers or employees, are appointed pursuant to 41 C.F.R. § 102-3.130(a) to serve as regular government employee (RGE) members.

The DoD, in selecting potential candidates for the Board, reviews the educational and professional credentials of individuals and bases its selection on this review and the subject matters being handled by the Board. The Department has found that viewing the complex issues facing the Department through a multidisciplinary advisory committee provides the Department and, more importantly, the American public with a broader understanding of the issues on which to base subsequent policy decisions.

The Board's membership balance is not static and the Secretary of Defense may change the membership based upon work assigned to the Board by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R). The Department, unless otherwise directed by an Act of Congress or Presidential directive, does not use representative members on DoD-established or supported advisory committees.

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4. Other Balance Factors: NA
5. Candidate Identification Process: DoD, in selecting potential candidates for the Board, reviews the educational and professional credentials of individuals with extensive professional experience in the areas of clinical health care, disease and injury prevention, health care delivery and administration, or strategic decision making in government, industry, or academia.

Potential candidates are identified by the Designated Federal Officer in consultation with the ASD(HA), and the ASD(HA) professional staffs, as well as through recommendations by individual members of the Board. Once potential candidates are identified, the ASD(HA) review the credentials of each individual and narrow the list of potential candidates. During the ASD(HA) review, he or she strives to achieve a balance between the educational and professional credentials of the individuals and the anticipated subject matters to be reviewed by the Board to achieve expertise in points of view represented and functions to be performed.

After the list of candidates has been narrowed, it is forwarded to the USD(P&R) for review and formal nomination to the Secretary of Defense or the Deputy Secretary of Defense. Prior to nominating the potential candidates, the list of candidates will undergo a review by the Offices of the General Counsel for the Department of Defense and the Advisory Committee Management Officer (ACMO) to ensure compliance with Federal and DoD governance requirements, including compliance with the Board's charter and membership balance plan. Following this review, the USD(P&R) formally nominates the potential candidates to the Secretary of Defense or the Deputy Secretary of Defense for approval. Pursuant to DoD policy, only the Secretary or the Deputy Secretary of Defense can invite or approve the appointment of individuals to serve on DoD established or supported advisory committees and subcommittees.

Following approval by the Secretary of Defense or the Deputy Secretary of Defense, the candidates are required to complete the necessary appointment paperwork, to include meeting ethics requirements stipulated by the Office of Government Ethics for advisory committee members who are appointed as SGE members.

The Secretary of Defense or the Deputy Secretary of Defense may approve the appointment of members to the Board, to include its subcommittees, for one-to-four year terms of service, with annual renewals. However, no member, unless authorized by the Secretary of Defense or the Deputy Secretary of Defense, may serve more than two consecutive terms of service on the Board, to include its subcommittees.

Membership vacancies for the Board and its subcommittees will be filled in the same manner as described in the previous five paragraphs above.

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6. Subcommittee Balance: The DoD, when necessary and consistent with the Board's mission and DoD policies and procedures, may establish subcommittees, task forces, or working groups to support the Board.

The Secretary of Defense or the Deputy Secretary of Defense shall approve the appointment of subcommittee members in the same manner as members of the Board, for a term of service from one-to-four years, with annual renewals. Individuals considered for appointment to any subcommittee of the Board may come from the Board itself or from new nominees, as recommended by the USD(P&R) and based upon the subject matters under consideration, but they must be approved by the Secretary of Defense or the Deputy Secretary of Defense before participating in any subcommittee work. The USD(P&R) as the Panel's Sponsor and in consultation with the ACMO, is authorized to administratively certify the appointment of subcommittee members previously approved for appointment to the Board or any other DoD advisory committee by the Secretary or Deputy Secretary of Defense and the Advisory Committee Management Officer is authorized to administratively certify their annual renewal of appointment.

Subcommittee members, if not full-time or permanent part-time Federal officers or employees, shall be appointed as experts and consultants, pursuant to 5 U.S.C. § 3109, to serve as SGE members. Those individuals who are not full-time or permanent part-time Federal officers or employees shall serve as RGE members pursuant to 41 C.F.R. § 102-3.130(a). No subcommittee member may serve more than two consecutive terms of service without the Secretary of Defense or the Deputy Secretary of Defense approval.

The Department has approved the following permanent Subcommittees to the Board:

- a. Public Health Subcommittee: This Subcommittee will be comprised of not more than 10 members, who are eminent authorities in at least one of the following disciplines; infectious disease, occupational health/medicine, preventive medicine, public health, and toxicology.
- b. Health Care Delivery Subcommittee: This Subcommittee will be comprised of not more than nine members, who are eminent authorities in at least one of the following disciplines; health care academia, health care finance/economics, health care policy/executive leadership, and patient care.
- c. Neurological/Behavioral Health Subcommittee: This Subcommittee will be comprised of not more than 10 members, who are eminent authorities in at least one of the following disciplines: neurology, post-traumatic stress disorder, psychiatry, psychology, and traumatic brain injury.
- d. Medical Ethics Subcommittee: This Subcommittee will be comprised of not more than five members, who are eminent authorities in at least one of the following disciplines: clergy, DoD leadership, human research protection, attorneys with expertise in medical ethics, and military health system beneficiaries. One member must have formal bioethics or medical ethics training or experience.

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- e. Trauma and Injury Subcommittee: This Subcommittee will be comprised of not more than 10 members, who are eminent authorities in at least one of the following disciplines: civilian or military trauma medicine/systems.
- 7. Other: As nominees are considered for appointment to the Board, the DoD adheres to the rules and regulations issued by the Office of Management and Budget's Final Guidance on Appointment of Lobbyists to Federal Committees, Boards, and Commissions (79 FR 27482; August 13, 2014) and the rules and regulations issued by the Office of Government Ethics.
- 8. Date Prepared/Updated: